Dr. Otto Kernberg with Dr. George Makari, March 21, 2018 12:30pm

525 East 68th St., NY NY 10065

GM: [In the last interview] we got about to when you came to the United States, so I was thinking maybe we would start there.

OK: When I came to the United States the first time on a Rockefeller Foundation fellowship, or the second time when I came back to the Menninger Foundation?

GM: When you had the Rockefeller grant, that was to go to Hopkins with Jerome Frank?

OK: Yes, I spent a year there. During the year I visited other places, and on that basis wrote a report to the Rockefeller Foundation which brought Chilean psychiatry up to date.

GM: And what year was that?

OK: That was 1959 to 1960. I wrote the report [in] 1960, '61.

GM: I see.

OK: I have a copy of that still.

GM: That would be great for the archives.

OK: It's – yeah.

GM: So that's when you then went back, and got into a quarrel with your boss.

OK: Yes. And then I got back to the Menninger Foundation.

GM: And then you came, and that would have been '61.

OK: That was July 1961.

GM: OK. And now you have a three year fellowship at Menninger.

OK: Yes. Which practically, they just wanted to extend, in order to keep me there. And I also wanted to stay. We just fell in love with Topeka.

GM: With Topeka?

OK: With Topeka, the Menninger Foundation.

GM: What was so lovable about it? What did you love about it?

OK: It sounds kind of funny to me now, but it was [laughs], first of all, the intensity of the work. At the Menninger Foundation it was still the great times in high level discussion. A number of distinguished professionals, visitors from all over the world, lectures. It was an intense atmosphere, much broader than I was exposed to in Chile. And much more concentrated and intense than what I had lived in Baltimore. And the work with Wallerstein and the team was fascinating. I got assigned patients supervised by Ernst Ticho, and Herman van der Waals, who were just fantastic analysts. Fantastic analysts!

GM: Ticho I know. Van der Waals I don't think I know.

OK: Van der Waals was – he was the director of the hospital, a *major* figure in Dutch psychoanalysis, who was then brought as director of the main hospital, and was director through 1969, when I became director, following him. He retired. He was, -- after the Menningers, he was the most powerful person at the place at that moment.

GM: I see.

OK: He was psychoanalyst, general psychiatrist, hospital director, very interested in the subject of narcissism. He oriented me to study narcissism. Before his death, he gave me a huge box of all [his]

papers and materials on narcissism. He wanted us to write a paper together. We never got to do it, I was kind of – I was very interested. He supervised cases he treated with narcissistic personality. He started me on the subject of narcissism. It was *extremely* important. So I continued the work after his death.

GM: What was his background? What was he -- he was Dutch. Did he come… as an exile?

OK: He was a senior member of the Dutch psychoanalytic group. He was very close to the leadership of the International leadership of Psychoanalysis all those years. I don't know when he came to Menningers. Probably in the 1950s somewhere.

GM: And what was his perspective on narcissism at the time?

OK: He… he felt that there was an organized grandiosity that replaced the ordinary ego functions, and that determined these patients' air of superiority, depreciation of others, impoverishment of their relations with others, and the ensuing paradox of grandiosity and the basic loneliness that they compensate by beration and excitement. He was *very* open to the development of Herbert Rosenfeld's writing, oriented – he was an ego-psychologist very close to Anna Freud, but he was very open to the Klienians -- particularly impressed with Herbert Rosenfeld.

GM: Interesting.

OK: He told me to read Herbert Rosenfeld's first article of 1964, and it fit with my own interests because I had – I don't know if I mentioned to you. I had seen -- as part of my training in Chile I saw a patient whom I never understood, and who never improved, and whom I never helped. And I saw him for five years of supervision, in which this man didn't change. And I referred him to a colleague who trained with me, and later on became the director of Chilean Psychoanalytic Institute. Ximena Artaza, a *very* good analyst, who took that patient and in turn saw him for about five years and nothing changed. And then she talked to me, and she said, Otto, when I took that patient, I was shocked because he hadn't

changed, that you hadn't done anything. I asked myself, what has Otto been doing with this patient? And now I'm in the same place in which you were. So we talked later – this was five years later. But then, that experience stayed in my bones. I discussed it with Herman van der Waals. I felt that he and particularly Herbert Rosenfeld opened my mind. I treated two patients of that kind very successfully!

GM: What was the method that you were using in the first case? What kind of approach were you taking?

OK: I thought he was an obsessive compulsive neurotic. I was treating him under supervision, analyzing obsessive mechanisms, and was totally oblivious of his defenses against envy…. The *inordinate* envy that was being acted out in his evaluation of my interpretations. I had a certain kind of paradigmatic experiences with this patient, which now seem funny. One is very simple. It's a snapshot. He was smoking, smoking on the couch, with the ashtray, smoking. And when I made an interpretation, he would go, "Huh? Huh... Uh-huh…Mmmm. Huh." And I would be relieved [laughs], he had accepted my interpretation after carefully analyzing it. That gives you the whole picture.

GM: Right. So Rosenfeld and Van der Waals now are helping you think about it in a different way.

OK: Yes. Yes. That was, I --

GM: Did they call it narcissistic personality? Or did they say it was a variant of obsessive compulsive? How did they frame the --

OK: I, I, I… realized that this was not an obsessive personality. At that point I was already very steeped in characterlogical diagnosis. I made the diagnosis of narcissistic personality, and I realized it hadn't been described in the literature, but it was -- I recognized my Santiago patient in those two! And, um… it must have been the Six Day War with Israel, it was '67. I was in Israel doing studies evaluating the results of our project, and I wrote in one day my description of the narcissistic personality. I had a secretary from

the Institute there of Social Research of Gutman. I asked them to lend me a secretary for when I dictated this paper to her. She was a stenographer. And in one day I did the paper. And it was, it was the first complete description of the narcissistic personality, on the basis of experience I had with those patients.

GM: Fascinating. And were you, prior to that, accepting the notion that these patients didn't generate transferences, and therefore they were not treatable?

OK: I realized [that] they developed very specific transferences that were treatable. The idea that they didn't develop -- have them, I realized there was *something* that first patient was doing to me, and I couldn't diagnose it.

GM: And van der Waals, was he in the same – was he travelling on the same road? In other words, he thought these maybe could be treatable patients, is that why he was interested?

OK: I don't understand your question.

GM: You said van der Waals was very interested in narcissistic personality problems, although it wasn't conceptualized yet, really.

OK: No, it wasn't conceptualized. He was interested in this patient. He was interested in analyzing their grandiosity. He was convinced that grandiosity could be analyzed.

GM: I see. So, he did think it could be treated, that was his --

OK: Yes, yes. Yes.

GM: -- interest, partly.

OK: Yes, Yes.

GM: I see.

OK: And of course, the Kleinians were treating everything.

GM: Yes. That offers one, in some way, some hope. These people are doing this.

OK: Yes. And Rosenfeld was fundamental inspiration for my understanding of the dynamics. He didn't describe descriptively. The Kleinians are allergic to characterologic description of analysis.

[Phone rings]

[Break in interview. Kernberg takes brief phone call]

GM: So we were talking about what? Van der Waals had this notion, maybe from Rosenfeld, as well?

OK: No, van der Waals had this notion independently.

GN: I see.

OK: Van der Waals had written a few important papers. One about the nature of the content of the unconscious. And he said what we find in the unconscious is a replica of conscious concerns that cannot be tolerated. There is no strange, unknown world. It's the usual world. Once it becomes conscious, it loses the mysterious quality that we tend to attribute to it, such that aspects of reality that can't be tolerated -- He had a kind of a commonsense practical approach that was against mystification. *Tremendous* knowledge of the entire psychoanalytic literature, commonsense depth. He was… my relationship with him started badly, with serious conflict. It ended up a c*lose* friendship, very close friendship.

GM: What was the conflict?

OK: There were several things. I came to Topeka, I became a junior staff psychiatrist, junior member of the psychoanalytic Institute. I had just graduated. I had graduated from the Chilean Psychiatric Residency program -- which by the way was excellent, which I realized when I compared myself to the residents at Johns Hopkins, I knew it was.

GM: Oh, interesting.

OK: Because of Ignacio Matte Blanco, who had been trained in Europe, and who was full of German psychiatry.

GM: So you knew German, you knew Latin American, you knew some British. They didn't know any of that in the Hopkins program.

OK: Yes. Yes, yes. And in Topeka, Kansas, it was all ego psychology. And of course I'd been trained, I knew Klein, I was interested in learning. I wanted to learn ego psychology, but I knew the other orientations. While in the United States, Klienian is almost forbidden. The rigidity of the psychoanalytic Institute, it's still the same, but it takes other forms. For me, the best demonstration of Freud's theory of the death drive is the psychology of psychoanalytic institutions. [laughs] There is definite proof. I'm willing to say that publicly.

GM: So, ok, so Menninger is a very exciting place.

OK: I worked at the hospital.

GM: Yes.

OK: And I treated patients at the hospital.

GM: Right. And he's your boss. He directs the program.

OK: Yes. He was the director of the hospital, yes. I mean, my boss, I had a unit chief, and the clinical director, and then came the director of the hospital, so --

GM: He was kind of the medical director, as we would call him today.

OK: Yes. And I noticed that when a man and a woman would go and hide in the bushes a general search was done. But when two women would lock themselves up in the bathroom, or two men, nobody cared.

So I said, the hospital favors homosexuality and is dead set against heterosexuality. Let me remind you that I came from Chile with a kind of European openness about sex, and this was the puritanical Midwest. And so I made this comment freely and the comment went through the hospital. And he called my attention, what are you saying? So, in a clinical setting I repeated that. And he said that was a complete distortion. He really got angry, he saw it as an attack on himself. But then something much worse happened. I was the medical, I was the psychiatric doctor in charge of the daily management of a patient in the hospital with a narcissistic personality, who was treated in analysis by a candidate.

GM: I see, the candidate is treating him but you're the psychiatric resident because he was an inpatient.

OK: Yes, he was an inpatient.

GM: That's weird. So we don't have that today. So he's in and out --

OK: Yes, I was the administrator of the daily program of activities.

GM: I see.

OK: And I diagnosed – I had my own countertransference problems with that patient that I resolved. It was an important emotional experience for me because I had a dream that opened to me what I was missing in what was going on in that patient. And so I became very alert to the issues and I was already working with van der Waals. And so I decided to talk with the analyst. I talked with the analyst to tell him that he was missing some important issues, that the patient was dishonest with him, and he had to explore that. And he was supervised by van der Waals. He treated me with contempt. I was the young person coming from Latin America. He had a – he was an all-American boy, I don't know how to put it. Kind of a derogatory grandiose attitude. He was the real thing. I was one of those foreigners who didn't know anything. And he went to complain to van der Waals. Van der Waals called me and said, were you trying to tell this candidate how he should treat the patient? I said, yes. It's not that I was telling but I

felt that he was missing important things. And was – from what I got from the patient – was naïve. And he said, I think that you have a problem with this patient, van der Waals told me, so we are going to transfer this patient, ok? We will transfer this patient. It left the patient an outpatient. I heard indirectly from other candidates who didn't like that candidate because of his grandiosity that there was a feeling that he was being bamboozled by the patient. And the patient committed suicide.

GM: Oh boy.

OK: She was the daughter of a very powerful American family. So retrospectively my concerns were vindicated. And van der Waals then invited Pauline and me to his home. We never discussed it but it was very clear that he realized that I was right, and the candidate was not giving him all the right information. And so this is how it turned from negative to positive. And it changed the nature of our work. Interestingly enough, we never discussed that case again. We never talked about it again. I didn't dare to bring it up and he didn't bring it up. But I noticed, of course. He suggested that I continue his work.

GM: I see. After that, that's when he took you more under his wing.

OK: Yes, yes. And we became real close. We had wonderful times. He liked the Dutch Bols drink.

GM: What kind of drink is it?

OK: It's a kind of a, a kind of a, kind of a, um … after dinner, strong after dinner drink.

GM: I see.

OK: Similar to the Aqua Vit. So once in awhile I had to drive him home. [chuckles]

GM: [chuckles] Fascinating. So, what was the mix of –

OK: So, back to the general issue. I worked at the hospital seeing patients and seeing many borderline patients.

GM: Who then would have been called what?

OK: They were hospitalized.

GM: But they weren't called borderlines at the time, were they?

OK: No, that were called all kind of things.

GM: Yeah, yes. Chaotic, and…

OK: All kind, yeah. And I worked at the psychotherapy research project with Bob Wallerstein. And I was going to apply this health/sickness rating scale that he had developed and that later on became the GAS scale for American psychiatric, using -- I had to review all the records together with Esther Burstein a professor of psychology from Chile, whom I had recommended and who also came to Topeka. And who --

GM: Is Esther -- What's that person's name, the professor?

OK: Esther Burstein.

GM: Boorstein.

OK: Esther Burstein. And so the two of us would review each case independently, rate on a scale to compare that. It was a long work. We had to compare batches of patients with each other. But it permitted to me to get to know all those cases. I had to read -- you saw the three volumes, *Initial, Termination,* and *Follow-up*—we had to read all three volumes and judge where the patient was on that scale. So it gave me a total knowledge, session by session, of all those cases.

GM: How was your inter-rater reliability? Was it common that you would be --

OK: It was high. It was high. The scale proved to be an excellent assessor of improvement. It was. All this was published, all of this, in a book. We worked for years together, many hours a day.

GM: Is that when you first began to think that there's this missing category of borderline personality disorder?

OK: Borderline, yes. It was that material that gave me the sense of Borderline Personality organization, they are defensive structures that predominate clinics. The cases that I saw in the hospital gave me that confirmation. I started to treat these patients with an interpretive approach, and tried to see how many of these patients had been treated interpretively, in contrast to a supportive approach. So, I looked at the old case material from a different perspective, and that permitted me to develop the concept. It was that intense material. I was, other than Dr. Burstein, was not interested in doing that -- She left this kind of work later on-- I got totally absorbed, and I had a sense that those forty-two cases… that complete casework fell into my hands. So to say that I was able to abstract from that common characteristics, … symptoms, differential diagnosis, sometimes.

GM: How many of the – it's forty-two, right? How many made you rethink that they should be reconceptualized as borderlines?

OK: 50%. A large proportion.

GM: I see. So you saw that for 50% of them we're not framing the problem correctly.

OK: Yes. Some of them were seeing psychotherapists, some in psychoanalysis. The criteria seemed to me questionable, and I felt that one could much better diagnose these patients initially. Now, I was helped by the intense diagnostic process that was carried out at the Menninger Foundation. And that I absorbed, but with the -- now with the dynamic criteria of defensive operations predominantly confirms the degree of the patient to reality.

GM: I see. All of those standard egopsychological tools were part of the ways that you could look at these patients.

OK: Yes, right. I could look at it with the egopsychological tools, and with the Kleinian organization of defense mechanisms and object relations.

GM: Yes.

OK: And the intense evaluation of the Menninger Foundation, I really, I – Chance graced me. It was good luck. I couldn't imagine another opportunity for getting so much material and such complimentary sources of information in such a brief period of life. I discussed all this with van der Waals, who was very open, and with Ernst Ticho – Ernst Ticho who also became a very close friend.

GM: Tell me a little about him, because I have neglected him.

OK: With him, also, I had trouble. I evaluated as a psychoanalyst, but I asked for supervision on analytic cases. I was going to take analytic cases, and asked for supervision. I wanted to learn an egopsychological approach.

GM: To be clear, you graduated in Chile and they accepted your IPA credentials here.

OK: Yes. Yes, yes. And Chilean training was intense and was recognized as well established.

GM: Yes. And your analyst, if I remember, the second one was Kleinian.

OK: Yes. And of course Ignacio Matte Blanco was prestigious, one of the most famous psychiatrists of Latin America, who then moved to Italy. So the combination of the two – and he was the director of the Psychoanalytic Institute, so everything went together.

GM: So you're saying you asked for supervision at Topeka.

OK: Yes. So I got a supervisor – Dr. van der Waals supervised me on a case of a hysterical patient, and Ticho supervised me on a case of narcissistic personality. Then two cases of narcissistic personality.

GM: Which he's calling or you're calling? You're not calling these things narcissism -- you're saying I have these cases –

OK: Yes, I have these cases.

GM: And he's willng to say, ok, this young person has a good idea about how we can think about this.

OK: Yes. And at first with Ernst Ticho, he got irritated with me because I was interpreting [in a] Kleinian way, starting from session one. He said, always this Kleinian! And I said, Ticho, I've come here to be trained in egopsychology but I can only treat patients the way I've learned. You tell me what to do. You can't blame me for that. And he said, [laughs] you have a point. We hit it off at first. It also helped [that] Paulina was in supervision with his wife, and Gertrude Ticho became very fond of Paulina. So we became a little social group, the Tichos, the van de Waals, and another couple, the Hartocollis. I don't know whether the name says anything to you. Peter Hartocollis, who then became director of the hospital and director of psychiatry in Greece. And Appelbaum. Steve Appelbaum and Anne Appelbaum. Steve Appelbaum was this narcissistic, very bright, intelligent researcher, also [an] interesting worker, who then divorced Anne. Anne Appelbaum married Herb Schlesinger. And Steve Appelbaum went into kind of a spree of relationships with famous women. There was all kind of women… He died years ago of a heart attack but he was a kind of –

GM: I'm a little confused… Anne married Herb, who was there as well, while you were there.

OK: Yes, he was one of the senior people, who was the first analyst, no the second analyst of Paulina. She had her first analysis with Whiting in Chile. Whiting was my first analyst. My second analyst was Ganzaraín also in Chile.

GM: So when you came to the States, the two of you had already married. You came together already.

OK: Yes, yes. Yes. We were married.

GM: I see.

OK: We already had a child, who came with us.

GM: Oh, ok. I see. Who else was in the psychotherapy group that was important to you?

OK: Irvin Rosen. Phil Holtzman. Phil Holtzman got himself into trouble with Bob Wallerstein. Phil Holtzman was a difficult person.

GM: Rappaport?

OK: He had left Topeka years earlier. Lenny Horowitz, who became very important in writing about group psychotherapy.

GM: That's a very big group. How did they fund all of these psychotherapy researchers?

OK: Oh, there was a huge – there was a million dollars from the NIH. Bob Wallerstein, and before him his coworker, Lester Luboisky obtained it, so it was the biggest-funded psychotherapy research grant for many years. It was tremendous. 50% of my salary came from the research [grant], 50% from the hospital.

GM: I see. How long were you in Topeka?

OK: I was there 1961 through 1973.

GM: I see. And so in '67 we know exactly when you first dictated that paper on narcissism because there was a war going on, and you were in Israel. And when did you first put to paper the idea about the Borderline personality structure?

OK: I wrote several papers, but was approached by Aaronson, who said I should write a book. I never thought of writing a book. He said, put all those papers together. And I did that finally, and published it in 1975, when I was already in New York.

GM: You had already written papers on borderline.

OK: Yes. I started writing papers –

GM: Around the same time as narcissism in 1967?

OK: Yes, 1973.

GM: Oh, a little later.

OK: Yes. I did already… I wrote my first paper, I know that, in 1961 on countertransference. And then I wrote several -- between ’61 and ’64 I wrote the various chapters.

GM: I see. On the sicker personalities.

OK: On what I called Borderline personalities. The sicker personalities.

GM: Did you call it borderline personality disorder or character or structure or how did you call it?

OK: I called it borderline personality organization.

GM: Organization.

OK: This was the big controversy. Gunderson wrote about borderline personality disorder, and described it at the same time as I was describing borderline personality organization.

GM: I see. So, organization in a way --

OK: It’s a global way of putting together all severe personality disorders, jointly characterized by identity diffusion and the predominance of primitive defense mechanisms. Identity diffusion, primitive defenses,

but good reality testing and eminently treatable. With the exception of subgroups with excessively severe antisocial behavior, particularly the antisocial personality proper, who is untreatable. So I described the differential diagnosis of the various personalities which were a part of the spectrum. Borderline described one typical [personality]. The borderline personality disorder, very well described. I had described the entire spectrum that I suggested had a common therapeutic approach. But after the research we did in Jerusalem combining all our data, the general conclusion was that patients with severe ego-weakness did better with psychoanalytic psychotherapy that explored the transference than they did either with supportive psychotherapy that was useless to changing them. Or with psychoanalysis, which was not only useless but sometimes brought about severe regression. Six patients died. These were borderline patients in analysis. They just went down the drain.

GM: Wow. So you're in Israel analyzing the data from Topeka?

OK: Yes.

GM: I see. And why were you in Israel, if I might ask? Why was that being done there? I don't understand.

OK: Bob Wallerstein wanted to analyze jointly all the outcome data. What were the determinants of outcome? We had data from the personality, the treatment, the external life situation. He wanted to combine the influence of all these data jointly throughout the entire setting to see what emerged as a major predictive factor from background treatment/environment. It was not… nowadays we would no longer do this kind of thing. But there was a social scientist who had developed a mathematical way of doing that, which was the method of multiscale-acrom analysis –

GM: Sorry, multiscale?

OK: That was Luis Gutman, the director of the Institute of Social Research in Jerusalem. He offered to take the data, analyze them on his computer, and see what happened. The way this worked was [that] we had to construct a facet phrase.

GM: I'm sorry, facet what?

OK: Phrase.

GM: Phrase.

OK: Sentence.

GM: I see.

OK: Putting into one hypothesis, the patient had high or low this or that, high or low this or that, high or low this or that, high or low this or that. And it proved to such an extent -- the forty-two patients, each of them became a sentence.

GM: I see, of yes no, yes no, yes no.

OK: Yes no, yes no, yes no, and where he ended up. And the computer analysis consisted in studying whether any of these influenced organizing the field into the good and bad outcomes. If you have interpretation, does it organize the field? So, the computer analysis revealed that we had to organize the center… we were working, the computer was… the computer analysis revealed that the combination of interpretive technique and environmental support improved best the patients who were sick. In contrast to supportive psychotherapy and psychoanalysis, patients with good ego strength improved with everything.

GM: [laughs] Yes.

OK: They improved with everything, although more with psychoanalsysis. That was the main – and you could see that in the book. The pictures of this, it was really fascinating work.

GM: It is fascinating.

OK: We would work for three day practical data. Then stand in line for the computer. We're talking about 1967. And then two or three days, while the computer was thinking we had to wait, and we could do tourist things. It was one month in Israel. That was the quantitative study of that project. On that basis, I had the statistical support to then develop in detail what ought to be transference- focused psychotherapy. And then, that I did here, already, in New York.

GM: Right. Did that help you to think about things, to be forced to make all this digital "zero, one. Yes, no"? Because there you are, you dictate what is essentially a qualitative description of symptom pathology, and --?

OK: But, if a category couldn't be use, well, then it was zero. If it could be used, it went into the picture.

GM: Interesting.

OK: And the results were very clear. We had a sense of excitement.

GM: Of excitement. You had found something, yes.

OK: Bob Wallerstein by then had left Topeka, and he became interested –

GM: He became the chairman at UCSF, is that where he went?

OK: Yes. And he became interested in individual cases. Studying factors in individual cases. He wanted to contribute to clarifying individual dynamics, and wrote the book *Forty-Two Lives in Treatment*. Which is a magnificent book. He pointed to the importance of supportive psychotherapeutic features. An important contribution.

GM: Did he agree with you that half of the 42 were borderlines? That's fascinating, I've never heard you say that. You must have had that discussion with him.

OK: I had that discussion with him. He said that he found – he agreed that he found very fascinating our findings. But he was more interested in studying what happens in psychoanalysis -- therapeutic practices in psychoanalaysis -- and found that supportive factors were important in his qualitative analysis of the cases. So what we did was kind of complimentary. We went into different but not contradictory directions.

GM: And can I just ask you: the word "organization," did that suggest a Kleinian kind of object-relational way of thinking, that you were integrating ego defenses, reality testing, the American kind of views that would have maybe just called it "character pathology," and maybe broadened it out to thinking about something bigger: an organization, a mental organization. Tell me about that word that you chose, "organization."

OK: OK. … There answer is complicated. It has several parts to it. I used the object relations theory now contained in Kleinian thinking, and contributed to significantly by Ronald Fairbairn. Melanie Klein also used Fairbairn, but Melanie Klein talked about internalization of object. She called it object, not object representation. So there are internal objects that form part of the super-ego, and part of the ego, and that are also unconscious. Those internal objects enter into conflicts with other aspects of the ego or the self. She described typical primitive relations, – object relations – positive and negative, conflicts and how they showed in behaviors. I used that concept, but adding a variant perspective that what is internalized is not simply object representation but relationships. That's what she didn't take from it. In other words, that what is internalized is the dyadic relation between self and object representation. And these internalized dyadic relations get organized, in that the self-representations come together as an integrated self, and the object representation as an integrative concept of significant powers. Before

that happens, there is an early stage where there is a complete split between idealized and persecutory selfs and object. Then they have to get together. Once they get together, there is normal identity, which I defined as integration of self, integration of the concepts you hear from others. Before, there is identity fusion. If there is too much aggression, they can't get together. It remains that you have identity diffusion as a clinical syndrome. So for me, organization is a structural organization of the mind that either gets stuck at the primitive level before integration, or happens after integration. Where you have good identity you can still have characterological rigidities. Characterological rigidities are condensation of behavior patterns that protect the individual against anxiety having to do with specific conflicts. Those rigid behavior patterns are pathological character traits. They are [a] dynamic organization constituting total character, normal or pathological. You can have a normal character structure at a level of high identity or identity diffusion. That is in essence the concept of organization.

It uses Kleinian concept, but differs from Klein, first in that for her the paranoid, schizoid, and depressive positions are positions, dynamic constellations from life, at any and all levels. Not fixed structures. And she doesn't like to consider [the] individual as presenting fixed structures because she believes that if you look at fixed structures, you get -- in turn, you lose the flexibility of thinking of acute conflicts. So, she is against the use of descriptive diagnosis, charactologic diagnosis, the concept of identity. She wouldn't go along with my whole classification. And I'm aware of that. The Kleinians don't like making diagnosis, they hate making diagnosis. They think that it restricts. I don't think that it restricts. I think they are wrong, I'm willing to argue that. So here is similarity and difference.

GM: What is your relationship to Wilhelm Reich's work on character and otherwise?

OK: I think it is extremely important.

GM: Were you exposed to it in Topeka?

OK: Oh, yes, Sure. There was… we studied character analysis. It was Kleinian, but at the same time, it kept the ego-psychology of it was still included. And once I got to Topeka it was the order of the day. Character analysis, the technique was used, but it was no longer called character analysis after Wilhelm Reich's descending into psychosis and criminality. [chuckles]

GM: Alright, so you rose to be the medical director at Topeka.

OK: I became the medical director in 1969.

GM: OK. And then why did you leave Topeka?

OK: I left in 1973.

GM: Was that a personal decision or a professional one? Had Topeka lost its charm?

OK: No, it was a combination of several things. Our children were going up, leaving town to go to college, and we felt that they wouldn't really be coming back to Topeka. We starting thinking about whether in the long run we really wanted to stay in Topeka. For the first time, we had doubts whether in the long run it would be OK.

But acutely it was a political situation. At that point there was what was called the Kernberg-Ticho Axis. I was running the hospital, Ernst Ticho the psychotherapy department, Gertrude Ticho the psychoanalytic institute. So we clinically had leading influence. At the executive committee of the Menninger Foundation, however, was controlled by the family. It was an equilibrium between Roy Menninger and clinical staff. There was also a research group opposed to psychoanalysis [which] had developed, so there were internal conflicts. Bob Wallerstein had left. And two things developed. I wanted to develop an intensive schizophrenia program, a long-term schizophrenia program. There was opposition to this. The concern was can it financially survive or not. Ernst Ticho and I got into a ridiculous – retrospectively – conflict. Peter Hartocollis had a difficult case in which Ernst Ticho recommended a treatment that I

counter-recommended as director of the hospital. Ernst Ticho got annoyed with me. It became a personal fight and all of a sudden the axis broke up, and we were not supporting each other anymore, which Roy Menninger used to say, no schizophrenia unit. I felt [that] my authority was being questioned, so I felt. In turn I seemed to be reacting excessively to that, feeling hurt because my friendship wth Ernst Ticho seemed to be at an end, the schizophrenia unit was not going to be built, and my son was going off to Harvard. And at that point Paulina had an offer to come as head of child and adolescent psychiatry to Einstein. And so we decided. And on top of this, I was now at a very young age one of the leaders of Topeka.

I felt that that was a risk for me. I felt I needed to develop more. And so, Bob Michels was interested in getting Paulina. [He] got me to take over the borderline unit at Columbia, the 5th floor. I thought that was an interesting challenge. We decided to go to New York.

GM: Did you know Bob from the American?

OK: Bob Michels I knew, but not in a very close way. He had more of a relationship with Paulina.

GM: Tell me about the Kohut/Kernberg Road Show. [laughs] Tell me about your relationship with Kohut. What happened with that?

OK: At first I wasn't that aware of Kohut. I became aware of him about 1973. He had written about -- I became very interested, so I registered for a full day group seminar with him during a meeting of the American Psychoanalytic in Miami. I think it was 1973, I'm not quite sure. 1973 or 1974. So I spent – there were about ten people in a seminar with him. I spent all day. And I tried to present my views there and talk to him. He shut me up. I mean, he had to teach and he shut everyone up. I don't know whether you knew [him]. He was very good at teaching, but he couldn't listen to people who think differently. So I didn't have a chance to [speak]… but I had a chance to hear his ideas. And I thought that there were some things that I found were definitely problematic. The denial of inborn aspects of aggression. The

establishment of continuity between the grandiose self and normal self esteem. I was used to thinking about a pathological structure built on top of a borderline personality organization. I tried to present the view but was completely shut down. In the afternoon I already became suspect as a Kleinian. I couldn't say anything anymore. I was un-American. I thought that his treatment approach ran smack against transference analysis in a seductive effort to permit the patient's narcissism to mature by identifying with the analyst, who was supporting the patient's narcissism. I found that his description of the patient was correct. His agreed with mine, we both thought of --. So I found there no problem, and it was kind of reassuring. But I found that regarding etiology, we had radically different views about how these things came about. And about treatment, radical. So it was clear to me that I was in strong disagreement with that.

GM: And then it became a very public issue.

OK: Then it became a public issue. I offered to discuss this with him in public. I was -- He never accepted to discuss things with me in public. [He] always sent his lieutenants. I became friends with the Ornsteins because always he sent to discuss with the Ornsteins. And with Goldberger, because always I would discuss with Goldberger. And [I] found them very nice, but expressed my disagreement. And in the public discussions, I didn't feel that I had good reason to change my mind. We saw each other, we got to know each other, and we had breakfast together at meetings. But he did not accept to discuss with anybody who disagreed with him. One exception: Bob Wallerstein. He accepted to be on a panel with Bob Wallerstein, because Bob Wallerstein was so tolerant and understanding. Kohut felt he could risk that.

GM: So you never felt that you had a really open exchange with him where he thought carefully about your ideas and you thought carefully about his?

OK: No. I didn't after that … I mean, on that day in Miami I really tried, in the morning. And after that I felt that he was so… his attitude was [that] he was the head of a big group … and why should he discuss things with me? I felt it would not be conducive. And I also felt that the disagreements were so strong and so full of momentum that I wouldn't be able to… he wouldn't be able to shake me in my basic convictions [and] I wouldn't be able to shake him. And I didn't find him to be open to be mutually stimulating. I didn't have that sense.

GM: Interesting. How did you think about the issue of trauma? How did trauma… it was so central to his kind of model of the failure, in a way, of empathy is a lot of micro-trauma.

OK: I think that he was absolutely right. These were patients where there was a failure of receiving love, profound, and being used and misused by the parental object. But that generated not only a sense of rejection but intense resentment, anger, and unconscious identification with the enemy. The internalization of the dyadic unit, that he was missing that. So I agreed with the importance of trauma, but not with the interpretation. What has to differentiate PTSD from trauma is etiology. PTSD is an acute traumatic situation in which a typical syndrome has to be worked through. Trauma as etiology is long term, is really failure more that trauma, and implies the identification with negative dyads. That's what he missed. That's what's missing in [the] original self-psychology. The post-Kohutians have been accepting the internalization of negative objective representations, so they are -- but that has already changed them, and they are becoming part of the mainstream of relational psychoanalysis.

GM: Interesting. There's so much more to talk about there. But let me ask you: So coming to New York, what were your impressions of the New York Psychoanalytic community?

OK: Oh, God. You speak about trauma!

GM: [laughs] I'm asking you another question now.

OK: I became a member of Columbia and New York. At Columbia I don't know what I already have told you about this. Everybody was extremely friendly. But then they are invited me to dinner, the whole leadership, that I thought that [was] very nice to a newcomer.

GM: Who were the leadership at that time, do you remember?

OK: Oh, that was… Karush, and Meyers, Goldman… um… what's the name of the former director?

GM: McKinnon?

OK: Ah?

GM: Was McKinnon there? Roger McKinnon?

OK: McKinnon, right. So, that was the group. And at the dinner they told me that Columbia had started a sort of rebellion against New York. They were very concerned about the kind of charismatic people who would split the group, and they were worried about me. Did I have such intentions? I was kind of amused because it was clear that the purpose of the dinner was a different one than what I had thought. But at the table I told them that I was dead set against guru-ism. I thought it was a curse of psychoanalysis, I certainly wouldn't want to be in such a place. They talked about the code of conduct. I said for me that outside publicity has no relevance to me, I'm interested in many things, I haven't started that and I'm not interested in this, nor to develop a group of things like me. I said, to the contrary, the danger when one has a school and everyone follows, [then] one becomes a prisoners of one's own ideas. I said I had come to New York because I wanted to learn new things. I think I reassured them. So then I was ready to be examined, to become a training analyst. I *was* a training analyst in Topeka, but of course everybody had to be re-certified…

GM: If you were a training analyst in one place it wasn't necessarily transferrable? You had to be –

OK: No, no no.

GM: What was the test?

OK: They talked with me at two meetings. We discussed cases and my views. It was fine. And after that I was given all the opportunities. And I've been part of the Columbia group. I've been less active in the Institute. I've been involved with so many things, but I feel very much identified with Columbia. By the way, I'm *delighted* with the new leadership, with Susan Wong.

GM: Me, too.

OK: It's been fresh air. In New York, the experience was really traumatic. I came and at first I was treated very friendly. First, just to summarize it, I had a seminar. I gave a seminar about borderline conditions. One of the people taped everything I was saying. Only later on I realized that it was being taped to check how much heretic information they were getting. The man who was taping was intensely involved in being critical of me. Both he and his wife.

GM: Do you care to name them?

OK: Ah?

GM: Do you care to name them?

OK: I prefer not. It's not important.

GM: Ancient history? OK.

OK: Yes, not important.

GM: Historians like ancient history, [laughs] but ok. That's fine.

OK: At the same time, there was a study group directed by Brenner which was studying my work, and nobody told me. I was a member of the study [group], which was studying my work, and nobody told me. By chance somebody mentioned it. And I mentioned it to Brenner, how come you're studying my

work and you're not [inviting me]? They said, yeah, you're right. We'll invite you. So they invited me a Sunday. That entire Sunday was dedicated to arguing with me. It was not a matter of trying to learn what I had to say, but arguing with me. It was a very frustrating meeting. Because, I might be wrong but I thought that at least there should be interest in the perspective, but there wasn't. It was a rigid ego-psychological group that felt the Melanie Klein issue, because -- I was not a Kleinian but they knew that I had Kleinian knowledge and sympathy, and that was like a red cloth that made it impossible. The next year I was no longer invited to give – oh, the candidates were very happy with that seminar, and that alarmed them, the therapists, so I was taken off. And I had to be elected for the next year.

Edith Jacobson became 80 years old. The program committee asked me to give a talk on her occasion because I was known to be a disciple of hers. Rightly so, because Edith Jacobson and Margaret Mahler influenced me very much. So, as you can see, I was influenced [by] Kleinians and Fairbairn and ego-psychologists, but also from Erikson, Jacobson, Mahler. So I accepted the challenge.

After I accepted to give the talk I started getting telephone calls. People saying, I'm a friend of Edith Jacobson, she's getting old, so don't talk too long. Ok, thank you. Another call, saying the same thing. I got 16 calls. I realized there was a con[spiracy]—it was frightening. I got 16 calls asking me to talk briefly, as she was old. People I didn't know. So I got paranoid. That really got to me. I called Manuel Furer who was the program chairman, and I told him I'd been asked to give that talk by the Committee for celebrating her 80th birthday, but I've had these 16 calls. If you people don't want me to talk, then tell me, that's fine. But if I get one more call, I told him, I will not talk and I will tell all New York the way I am being treated by you people. He said, Oh, I don't know anything. I said, well find out! I didn't believe him. And I got no more calls. No more calls. And I talked, a one hour talk. It was very well received, and eventually published. So, bad experiences. And Paulina had even worse experiences.

GM: What happened to her?

OK: She was a training analyst, a child analyst, and the New York Psychoanalytic didn't recognize her. She only found out on the roster. She didn't have the little asterick that all child analysts have, so she [asked and was told] Oh, the next edition. But the next edition didn't have it, so she said again, and then she was asked to talk with the chairperson. The name escapes me… Um… Lilly Busell. And Lilly Busell was the chairperson of child analysis. She said, we don't give a damn about them, that you are certified with them – I mean, she said it politely -- by American Psychoanalytic. It doesn't count. If you want to be, you have to be certified by us. It was quite the setting. If Paulina wanted to be certified she had to be examined. Paulina was quite shocked and came home disconcerted with the way.

GM: That was happening at the same time?

OK: The same time, 1973. So I told her, we are newcomers in this city. Let's try to avoid an open fight. See what they want. If you can do it, fine. If not, we'll try to take action later on. So Paulina went back to Lilly Busell. And it was funny, because Paulina said that she had heard that Lilly Bussel as a child had not [been] permitted as a child to sit in class because she was Jewish, was a Polish Jew, so she felt initially very sympathetic of her. It was hard for her to change her mind. She had a kind of positive bias, and then she got that derogatory, so she went back, and she said what do I have to do? And they said, well, for a year you have to present cases with two people we'll assign you, to whom we'll assign you to Marianne Kris and Margaret Mahler. Both of them [were] very good friends of Paulina's. So Paulina said that's fine. [laughs] So she had a year of supervision with Mahler. Kris was *very* happy with her, and Margaret Mahler was a friend.

GM: Good opportunity.

OK: It was a good opportunity, wonderful! So then a year later she became a child analyst at the New York Psychoanalytic, and at that point the two of us decided to withdraw. We used the summer time to withdraw while everybody was away so nobody– we decided to stay with Columbia exclusively. So I

forgot to tell you that I also attended the faculty meeting while I was at New York. At the faculty meeting the only thing that was done was to correct the minutes of the previous faculty meeting, and there were subtle tensions between the rebels, Brenner and Arlow on the one hand, and Bach and whoever was the establisher, I'm don't remember their names anymore.

GM: No one remembers their names anymore. They were powers behind the throne, in a way.

OK: No, but clearly Arlow and Brenner were the most important people in the group. We became friends with the Arlow's. And our relations with -- Paulina's relationship with Brenner became quite close, and our relationship eventually became -- We never really discussed psychoanalysis. And Brenner changed, I mean dropped all ego-psychology in his minimalism that kind of self-defeated. I mean, he still has Rothstein, who considers himself a follower, but other than that…

GM: Right.

OK: The most interesting work on the ego-psychologists is now done on the basis of the work of Paul Gray and Fred Bush. It's much more interesting.

GM: Yes.

OK: So, that was my – But the New York has changed radically. It is different. It is totally different. I'm talking about 1973. When I came to New York there was a big sign when you went to the meetings: first 6 rows are reserved for members of the faculty or the society.

GM: You know, it's 2:00 and we have so much more to talk about. I'm wondering if I could bother you to have one more interview?

OK: That's fine. On the other hand, if you have time, I have time. I've cancelled all of my –

GM: Ok. OK, let me look at this [audio recorder] and make sure it's working and let's continue. OK, so that's great.

OK: Is it clear outside? It looks like it's better.

GM: It doesn't look like it's snowing very much.

OK: So maybe the whole thing was false.

GM: I think they said it's supposed to come later, so I don't know that we know that yet, in case you're travelling.

GM: OK, so now it's around 1975, and you're at Columbia… and Columbia?

OK: Yes.

GM: And you're running an inpatient and borderline unit?

OK: Yes, that was from 1973 to 1976.

GM: I see. And…

OK: I was three years at Columbia running a borderline unit, and teaching at Columbia, and involved in practice, and trying to develop research on developing the treatment.

GM: Treatment strategy for your – were you trying at that point to do something that was the way we think of manualization now? Were you trying to… how were you thinking about--

OK: I was trying to develop the technique.

GM: I see.

OK: I didn't think of manualization, but I wanted to develop the technique. Significantly, I wanted to study and treat narcissism further, I wanted to treat borderline conditions with severe personality

disorder… develop psychoanalytic psychotherapy for those patients. And at the same time I wanted to continue to develop studies of psychoanalytic theory trying to integrate the Kleinian ego-psychological and the culturalist psychoanalysis.

GM: Culturalist psychoanalysis, as well?

OK: Hmm?

GM: You said culturalist, in other words --

OK: Yes, yes yes. I had been impacted in Topeka by the work of Harold Searrles and Otto Will, and to some extent Sullivan behind them, and Frieda Fromm-Reichmann, and I wanted to integrate. I didn't want to continue working with psychotic patients, but I thought that there were interesting ideas. So I was studying things. I've always been interested in developing theory, and later on became interested in how to integrate psychological theory with neurobiological developments that began slowly in those years. An important moment was when the chairmanship of Columbia came up. Ed Sacher and I were the two candidates. Ed Sacher was appointed. Larry Kolb originally wanted his man, a professor at Harvard.

GM: This was in the Department of Psychiatry or the Psychoanalytic Center?

OK: Huh?

GM: Were you talking about the Psychoanalytic Center or the Department of Psychiatry?

OK: The Department of Psychiatry.

GM: Ah, you were going to be the chair – this was the final two for the Chairmanship of the department?

OK: Yes, yes. And so Ed Sacher, the neurobiologist, was selected.

GM: Uh huh.

OK: And at that point, and Bob Michels was elected Chairman at Cornell. And Bob Michels offered me to take the directorship of the Westchester Division.

GM: Right.

OK: And I decided to accept it, moved over to Westchester with the group with whom I was working.

GM: Who did you bring with you?

OK: Steve Bauer, Eda Goldstein, [coughs] Arthur Carr, and, um … one of the nursing staff, Kay Haran.

GM: What was Westchester like when you got there?

OK: It was a pretty traditional hospital. Fourteen units, all of them directed differently, long-term. Some of the unit chiefs were good, some were problematic. I decided to change the bad unit chiefs, develop an acute unit. That was something new at that point. And try to upgrade general hospital psychiatry. I was very much a clinical director. I was 19 years director at the Westchester Division, but as time changed it became more and more a bureaucratic job, more and more with reimbursement, managed care. And I was basically a clinician, so I started to be unhappy with the job.

GM: Yeah. You established both a malignant narcissism unit, and the borderline unit there?

OK: No no, just the borderline unit.

GM: Just the borderline unit.

OK: In the borderline unit we developed inpatient programs. Then Frank Yoemans joined the group, John Clarkin, and we started to do intense work. Eda Goldstein left. Arthur Carr retired. So John Clarkin took over. A number of clinicians shared with us, and we just tried to manualized the treatment. And we

worked at manualizing the treatment, developed a manual, and started doing research on the effectiveness of the treatment.

GM: Can I stop you there? How did you have – because for a psychoanalyst to manualize a treatment it involves kind of a challenge. Most psychoanalysts don't think that their treatment can be manualized. So tell me about how you found a way to manualize your treatment.

OK: I thought it was important to differentiate the technical approach in supportive psychotherapy, in psychoanalytic psychotherapy, and psychoanalysis. I wanted to be more precise in how you did it. I was unhappy with the vagueness. So I started to study [the] technique, and I found that psychoanalytic technique was not that complicated. It was a limited body of principles. And one could define them, and define the supportive parts of psychotherapy, and then specify what kind of technical approach one used with a patient. It was important to be precise with the technique. That I learned from the Menninger project, the importance of defining what kind of treatment. What are you doing here? What are the treatment variables? So I felt unhappy with the mystification of psychoanalytic technique, and started trying to identify what are the essential elements of psychoanalytic technique. And I'm still involved in that, still writing about that. It seemed to me that the essential aspects of psychoanalytic technique are interpretation, transference analysis, technical neutrality, counter-transference utilization. I decided to define each of them and how they would be used in the psychoanalytic psychotherapy. That would be the techniques, the general strategy would be normalization of identity, and how this could be achieved by integrating mutually dissociated segments, and how that could be done by the way in which interpretation, and technical neutrality, and transference analysis and counter-transference utilization were going to be employed. By putting this together it evolved into a manual. John Clarkin, committed behavioral therapist, used to thinking very precisely about technical approaches, was crucial in putting this into precise terms, forcing me really to spell out, what do you mean by this, with the general principal which I have adopted that every behavior, subjective or

objective, has some manifestations by which it has to be defined. If you call something, you have to define it!

GM: So you collaborated closely with him on –

OK: Closely with him. And with Frank Yeomans who was very interested in that, and in teaching this, and for teaching purposes needed to have—so between Frank and John and myself, we developed a manual.

GM: And that's a group, what, that comes together in the late 1980s?

OK: Yes, about… the first edition, I think, is 1984.

GM: Oh, I see. Earlier than that, 1984.

OK: We reviewed it and the second edition, and the last edition came out in 2015. So we have been… and, uh, Yeomans wrote a primer.

GM: Yeah.

OK: And in parallel, I wrote books describing specific syndromes and specific techniques. I've never been able to write a book, I can only write chapters and then put them together. It's my limitation.

GM: [Chuckles]

OK: So I… we wrote the manuals jointly, and then people started writing their own books. Eve Cadigor joined us to write applications of this for healthier personality disorders, which was very successful. Psychopharm Psychotherapy for Higher Personality Disorders. And she has now completed a book, Psychoanalytic Psychotherapy for All Personality disorders, which is going to come out I think at the meeting of the American Psychiatric [Association].

GM: That's perfect.

OK: And Diana Diamond became a specialist in narcissistic personalities. She's the first author on a book that's going to come out in a few months by Routledge.

GM: And this is all the outgrowth, the flourishing, of a group that came together pretty soon after you got to Westchester, 5 or 6 years after you got to Westchester.

OK: Yes, yes. We practically have been working together for 30 years.

GM: Thirty years, yeah. Yeah.

OK: I am coming out with my latest book also in a few months. So we are –

GM: What number book will that be?

OK: I don't know.

GM: [laughs]

OK: Eleven, twelve, I don't know. But at the same time we are stimulating younger people to write. You heard me recommending a book by Eve Caligar. Eve and I are acting as consultants to two younger people who want to compare Kleinian psychoanalysis and transference focused psychotherapy. They are Ted Kenney and Frank Denning.

GM: I know Ted.

OK: You know him? Ted Kenney at Columbia and Frank Denning in England. Manchester. So both want to do that and they know of each other. Frank Denning has a thesis to get his Ph.D. Ted Kenney, who is a graduate psychoanalyst at Columbia, one of our clinical researchers. So Eve and I are going to help them to develop that.

GM: That's great. Can I turn to the more personal? So Paulina and you were together for such a long time and she passed away, how many years ago was it now?

OK: She died in 2006.

GM: Did you collaborate together?

OK: Oh, sure. She was the director of all of our child programs. Paulina trained in Topeka. She got her psychiatric residency there, her psychoanalytic training, her child psychoanalytic training. And then in New York she had been working as a psychoanalyst and child analyst. She was the director first at Einstein, and then Bob brought her over as the director of child and adolescent psychiatry at the Westchester Division.

GM: That's when I met her, yeah.

OK: And she became the director of our child – borderline adolescent children work, in collaboration with Lina Normandin and Caroline Ensinck in Quebec. She did, she published here books about personality disorders in children, about the treatment of antisocial behavior in children, and the Mirror Test, her last book, which she finished writing a few weeks before she died. She was… a brilliant, brilliant clinician, educator, thinker. We have not been able to replace her. I have not found anybody in child psychiatry to take her place in our work. We made a horrible mistake of being seduced by this Pamela Foelch I don't know if you know this. She was a psychologist who was interested in following Paulina's work and she work with us for years, and then she gave all our findings to two professors in Germany, working with them to make a reputation for herself behind our backs.

GM: Oh! That's terrible!

OK: It became a terrible thing. So thanks God she left. So that was a terrible chapter. The only person with whom I've lived this kind of betrayal, this psychopathic attitude. The only person in my life. I knew that this happens in industry all the time, stealing secrets, but it doesn't happen among researchers, so I had to live that through.

GM: How did one of the experts in narcissistic sociopathy not find her? [laughs]

OK: And let me tell you that John Clarkin and Frank Yeomans were alert to this before me. They warned me. I was, kind of, I felt she was doing Paulina's work. I was kind of blind.

GM: Maybe. You were in the hardest place to see it.

OK: Paulina was a *very* important contributor.

GM: I remember her as a deeply kind person. She was very very warm. She must have been great with kids that way. And very difficult kids.

OK: I was depressed for a year.

GM: Yes, I'm sure.

OK: I went personally into psychotherapy with Bob Michels, who helped me greatly.

GM: Uh huh. That's wonderful. I've often thought of who do we go to if we're in trouble.

OK: Huh?

GM: Who do we go to if we're in trouble, right?

OK: Yes. Yes.

GM: So, Bob helped you.

OK: Yes. And I've often thought –

GM: You were open about that. You said that at Grand Rounds.

OK: Did I?

GM: Yes. You acknowledged him, I thought that was very touching. Can I ask you a strange question?

OK: Yes.

GM: If you hadn't taken this course, if you hadn't become a psychiatrist or a psychoanalyst, do you ever imagine what a kind of counterfactual life – what do you fantasize about you could've or would've? Do you have fantasies of that sort? What another life would have looked like that would have been maybe as rich, but different?

OK: I really don't know. I don't know. I have… I thought… If I… it depends if I had stayed in Vienna, if Hitler had not existed. Of course, if I'd stayed in Vienna I would have been in the middle of the psychoanalytic – Freud would have remained in Vienna anyhow! Anyway, but let's, I don't know if I could imagine myself, but these are just wild fantasies, writing novels. But that means to know a language. I could have spoken German well. I speak German, but I mean, I admire literary German. I have a profound love of the literary German language. I could see myself writing in that language, enjoying that greatly. I don't have that with Spanish. I don't have that with English. With German, it's deep in my soul. That's one possibility. The other fantasy I've had, I would confess, is our regressive fantasies, is becoming a film director.

GM: You love film.

OK: I love film. I've had fantasies about what kind of -- Which is similar to becoming a writer, but it would be that. That would be the closest fantasies.

GM: What do you think of American psychiatry right now and its relationship to psychoanalysis?

OK: Well, it has mostly abandoned psychoanalytic thinking and the reasons behind that; much of it caused by the combination of the psychoanalytic grandiosity when it was in power and its lack of humility and commitment to research. So it seems to me that psychoanalysis has profound truth about human beings, and that psychoanalytic understanding contributes radically to understanding how

people function, why they do what they do. The dynamic unconscious is a powerful organizing force that extends in between neurobiology on the one hand and behavior on the other, both with conscious and unconscious elements. And… that … what it has achieved culturally will stay. Even that what it has achieved technically will stay. It's important that it is diffuse enough and eventually will be picked up by others. It's already happening, without calling it that way. So that it will be fargocitated, if that's a right expression. Swallowed and used without – so, it may dissipate and seep into other sciences who gradually will rediscover it as things happen. If, on the other hand, psychoanalysis manages as a discipline to really commit itself to research and to responsible education, and develop psychoanalytic psychotherapies, the whole field of application of psychoanalysis -- without considering psychoanalysis as [a] God-given technique and we have to hold on to it, if not the world ends -- if that kind of inherent rigidity were overcome… if psychoanalysis in other words were able to develop technically into a broad spectrum of psychoanalytic treatments, research-wise investigate the nature of psychopathology, of treatment, potential healthfulness, as well as important applications to other fields (it has applications to other fields, I'm convinced of this, particularly in the social sciences [and] politics). So research, education – honest education – I think that the training analysis system is corrupt and is destructive – and psychotherapy development. If it does these three things it has an important future. And of course I've been trying to contribute by writing critically. I told you about my recent book on psychoanalytic education. I'm trying to contribute. And if it can go that way, it has a future as a profession and as a science. It has a stable cultural contribution, but as a profession and science, it is challenged right now. And it has to respond to that challenge in terms of science, education, psychotherapy… and that will make it professionally more solid. Psychoanalysts are spending most of the time doing psychoanalytic psychotherapy.

GM: Yes, they are.

OK: And yet this is not being scientific. We let others do the scientific research. I'm involved right now in trying to organize a symposium about these things at the forthcoming international psychoanalytic congress, and we have been given the runaround. It's Zagermann and myself. A few people are trying to work on that. It's a little thing. But in the long run…

GM: I think it's very important, even if it's a little thing, if voices like yours, people will begin to notice [that] a lot needs to change. I think that's a beautiful summary. Is there anything big that we've missed, anything that you want to ask me, because I think that's a good place to end it otherwise.

OK: Do you think I've given you the information that you wanted to know?

GM: Yeah, I think it's fantastic.

OK: I feel fully satisfied that you know the history of my professional development.

GM: Yeah, it's been very enlightening and really rich. I think it's fantastic. So, you know, I think it wil be a fantastic addition to whatever documents you have, the books that you've written, the work that you've done. I don't think anyone has – maybe that German interview, which I still haven't looked at, but a lot of what you told me I learned about that had to do with who you are as a person. Because you're so unusual. To mix another of things, keep mixing a number of things, keep mixing a number of things, it seems like that's been the constant, in a way. You were able to mix different aspects of psychoanalysis, able to mix different identities as a clinician as an administrator as a researcher, that winds up adding up to a big deal.

OK: Some of it has been my good luck, really, a kind of destiny. Vienna, Santiago, Topeka.

GM: New York.

OK: Different atmospheres. They chose me instead of my choosing them. And then that opportunity of the psychotherapy research approach at the Menninger Foundation, that was absolutely – usually one means much more time, much more years to gather that kind of information. I was tremendously lucky.

GM: Fantastic.